

HILL CAP	MOBILE	AIRMOBILE	<h1 style="margin: 0;">RADIO LICENSE APPLICATION</h1> <p style="margin: 0;">WEST VIRGINIA WING FORM 100-1A</p>	HILL CAP _____									
HILL CAP	MOBILE	AIRMOBILE	<h2 style="margin: 0;">SECTION I</h2>	HILL CAP _____ MOBILE									
HILL CAP	MOBILE	AIRMOBILE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>TYPE OF APPLICATION</b>  <input type="checkbox"/> NEW    <input type="checkbox"/> RENEWAL    <input type="checkbox"/> MODIFICATION         </td> <td style="width: 25%;"> <b>APPLICATION DATE</b>          (DD MMM YY)       </td> <td style="width: 25%;"> <b>MEMBERSHIP DATE</b>          (MMM)       </td> </tr> <tr> <td> <b>CLASS OF STATION</b>  <input type="checkbox"/> BASE    <input type="checkbox"/> MOBILE    <input type="checkbox"/> AIRMOBILE       </td> <td colspan="2"> <b>ROA CARD No.</b>                      <b>ADVANCED TEST DATE</b> </td> </tr> <tr> <td> <b>UNIT NAME</b> </td> <td colspan="2"> <b>UNIT MAILING ADDRESS</b> </td> </tr> </table>	<b>TYPE OF APPLICATION</b> <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> MODIFICATION	<b>APPLICATION DATE</b> (DD MMM YY)	<b>MEMBERSHIP DATE</b> (MMM)	<b>CLASS OF STATION</b> <input type="checkbox"/> BASE <input type="checkbox"/> MOBILE <input type="checkbox"/> AIRMOBILE	<b>ROA CARD No.</b> <b>ADVANCED TEST DATE</b>		<b>UNIT NAME</b>	<b>UNIT MAILING ADDRESS</b>		HILL CAP _____ AIRMOBILE
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<b>UNIT NAME</b>	<b>UNIT MAILING ADDRESS</b>												

<b>APPLICANT'S NAME (LAST, FIRST, MI) and RANK</b>	<b>APPLICANT'S MAILING ADDRESS</b>	<b>DUTY OFFICE SYMBOL</b> CAPSN _____
<b>APPLICANT'S PHONE</b> HOME (____) _____ WORK (____) _____ FAX (____) _____ CELL (____) _____	<b>CAP COMM RATING</b> <input type="checkbox"/> BASIC <input type="checkbox"/> MSN RADIO <input type="checkbox"/> SENIOR <input type="checkbox"/> COMM OFFICER <input type="checkbox"/> MASTER <input type="checkbox"/> MESS CENTER	ANY PREVIOUS WV CALL SIGN: _____ <b>AMATEUR CALLSIGN</b> N — T — G — A — E PACKET <input type="checkbox"/> Y <input type="checkbox"/> N
<b>IF APPLICANT IS FOR MOBILE STATION, GIVE AREA OF OPERATION</b>	<b>COMPLETE ADDRESS WHERE MOBILE OR AIRCRAFT IS STORED (DO NOT GIVE PO Box No.)</b>	
<b>IF APPLICANT IS FOR FIXED STATION, GIVE STREET ADDRESS OR DESCRIPTION OF STATION LOCATION</b>	<b>CITY, STATE, ZIP CODE</b>	<b>LATITUDE</b> _____ ° _____ ' _____ " <b>LONGITUDE</b> _____ ° _____ ' _____ "
<b>GROUND ELEVATION OF TRANSMITTER SITE</b> _____ AMSL	<b>NAME &amp; DISTANCE TO NEAREST LANDING AREA</b> _____ Miles	<b>ELEVATION OF LANDING AREA</b> _____ AMSL
		<b>EMERGENCY POWER</b> <input type="checkbox"/> Y <input type="checkbox"/> N

SECTION II												
TYPES OF EQUIPMENT												
TRANSMITTER/RECEIVER						AMPLIFIER				OWNER		
MODE	FREQ	MAKE	MODEL	SERIAL	POWER	MAKE	MODEL	SERIAL	POWER	WING	SQDN	MEMBER
HF SSB	4 MHz											
HF	26.620											
VHF FM	143.900 148.150											
VHF FM	143.750 148.125											
VHF FM PACKET	149.895											

A COPY OF THE CURRENT FREQUENCY AND MODULATION TOLERANCE CERTIFICATION FOR TRANSMITTER EQUIPMENT LISTED ABOVE MUST ACCOMPANY THIS APPLICATION

## SECTION III

I AGREE TO LEASE, WITHOUT CHARGE, THE EQUIPMENT OWNED BY ME AND CITED IN SECTION II OF THIS APPLICATION, TO THE WEST VIRGINIA WING, CIVIL AIR PATROL, WHICH SHALL HAVE ABSOLUTE CONTROL OF ITS OPERATIONS ON ASSIGNED CIVIL AIR PATROL FREQUENCIES.

I UNDERSTAND THAT THE LICENSED EQUIPMENT WILL BE USED FOR CIVIL AIR PATROL PURPOSES AND WILL NOT BE USED FOR PERSONAL OR BUSINESS COMMUNICATIONS ON CIVIL AIR PATROL FREQUENCIES.

I CERTIFY THAT I HAVE IN MY POSSESSION A CURRENT COPY OF CIVIL AIR PATROL COMMUNICATIONS MANUALS AND REGULATIONS AND IF LICENSED FOR 26.620 MHz, A COPY OF PART 95 OF THE FEDERAL COMMUNICATIONS COMMISSION RULES AND REGULATIONS.

I CERTIFY THAT THE RADIO EQUIPMENT LISTED IN SECTION II OF THIS APPLICATION WILL NOT BE OPERATED WITH OUTPUT POWER IN EXCESS AUTHORIZED BY CIVIL AIR PATROL MANUALS AND REGULATIONS, AND THAT I DO NOT HAVE AMPLIFIER ATTACHED WHICH WILL INCREASE OUTPUT POWER BEYOND AUTHORIZED OUTPUT POWER FOR THE FREQUENCIES ASSIGNED.

I UNDERSTAND THAT ANY CIVIL AIR PATROL EQUIPMENT LOANED OR ASSIGNED TO ME WILL BE KEPT IN OPERATING CONDITION. ANY CIVIL AIR PATROL OWNED EQUIPMENT MAY BE RECALLED AND/OR REASSIGNED AS REQUIRED FOR THE ACCOMPLISHMENT OF THE OVERALL CIVIL AIR PATROL MISSION.

I AGREE TO PARTICIPATE IN THE CIVIL AIR PATROL SINGLE-SIDE-BAND RADIO NET A MINIMUM OF TWO (2) TIMES EACH WEEK. (THIS SECTION APPLIES TO HF-SSB LICENSED STATIONS ONLY) I AGREE TO PARTICIPATE IN ALL CIVIL AIR PATROL COMMUNICATIONS EFFECTIVENESS TESTS. I AGREE TO ATTEND THE ANNUAL WEST VIRGINIA WING, CIVIL AIR PATROL COMMUNICATIONS CONFERENCE. I HAVE READ AND AGREE TO COMPLY TO THE BEST OF MY ABILITY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT, RANK

## SECTION IV

I RECOMMEND THIS APPLICATION BE APPROVED / DISAPPROVED (STRIKE THROUGH ONE NOT APPLYING)

\_\_\_\_\_  
SIGNATURE OF UNIT COMMANDER, RANK

\_\_\_\_\_  
DATE

## SECTION V

APPLICATION  
RECEIVED

CAPF 76A  
ISSUED

CAPF 76A  
EXPIRES

\_\_\_\_\_  
SIGNATURE OF UNIT COMMUNICATIONS OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WING LICENSING OFFICER  
OR WING COMMUNICATIONS OFFICER

\_\_\_\_\_  
DATE